

## BUILDING INSPECTION REQUEST

SECTION I (To be completed by applicant in three (3) copies)

APPLICANT \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

I hereby request inspection of the building(s) located at \_\_\_\_\_

\_\_\_\_\_  
(Complete Address)

for compliance with the Uniform Statewide Building Code. Building(s) are to be utilized for the operation of:

\_\_\_\_ Assisted Living Facility      \_\_\_\_ Adult Day Care Center  
\_\_\_\_ Child Care Center\*      \_\_\_\_ Child Caring Institution\*  
\_\_\_\_ Family Day Home\*      \_\_\_\_ Other: \_\_\_\_\_ (Specify)

\*Serves children ages \_\_\_\_ to \_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

SECTION II (To be completed by the building official)

	Bldg. #1	Bldg. #2	Bldg. #3
1. The Uniform Statewide Building Code Use Group Classification required for the use indicated Above			
2. Does the building meet the requirements of the Uniform Statewide Building Code for that Use Group Classification?			
3. a. If the certificate of occupancy has been issued, show classification used			
b. Date of Issuance			
4. Maximum Occupancy Load			
5. Restrictions or Limitations:			
Bldg. #1:			
Bldg. #2:			
Bldg. #3:			

Date \_\_\_\_\_ Signature of Building Official \_\_\_\_\_

### SECTION III DISPOSITION

Original copy to building official, yellow copy to applicant, pink copy and a copy of the Certificate of Occupancy to the Regional Office of the Virginia Department of Social Services

Regional Office \_\_\_\_\_

Address \_\_\_\_\_

Attn: \_\_\_\_\_ (Administrative Technician)